FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVE -

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FEC MAIL CENTER

				Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	in the second se
Ann Marie PAC	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1	1111	
		<u> </u>	1 1 1 1 1	
ADDRESS (number and street)	901 N Washington Street	et <u> </u>		
(Check if address	Suite 700		_1_1_1_1_	
is changed)	Alexandria		L ^{VA}	22314
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only o	ne e-mail address)		
	ted@kochandhoo		<u> </u>	
(Check if address is changed)		<u> </u>	<u> </u>	1 1 1 1 1 1 1 1 1
COMMITTEE WED DAGE ADD	DDE00 (UDL)			
COMMITTEE'S WEB PAGE ADI	JRESS (URL)			1
(Check if address is changed)				<u> </u>
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2. DATE 08 23	3 2012			
3. FEC IDENTIFICATION N	JMBER C			
4. IS THIS STATEMENT X	NEW (N) OF	R MENDED (A)		
I certify that I have examined the	nis Statement and to the	best of my knowledge and belie	f it is true, correct	and complete.
Type or Print Name of Treasure	r Theodore V Koch			
Signature of Treasurer	•	v. Goch	Date D	8 23 2012
			Nation in Assessed	ideld - Busilia na a M.D. Vandinamiana (18 V. 111) (Badia
•	•	ation may subject the person signin	~	
Office Use		For further information Federal Election Communication Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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	0 1 01	m 1 (Revised 02/2009)	Page 2			
		OMMITTEE .				
Candi	idate	Committae:	•			
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name of Candida						
Candido Party A		Office Sought: House Senate President	State District ,			
(c)	;; ;;	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name o						
Party	Com	nmittee:				
(d)			emocratic, publican, etc.) Par			
Politic	cal A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization i			
		Corporation Corporation w/o Capital Stock				
		Corporation Corporation wo Capital Stock	.abor Organization			
			.abor Organization Cooperative			
		Membership Organization Trade Association	_			
(f)	×	Membership Organization Trade Association	Cooperative			
(f)	×	Membership Organization Trade Association In addition, this committee is a Lobbyist/Registrant PAC. This committee supports/opposes more than one Federal candidate, and is NOT a separate segment of the segment of t	Cooperative			
(f)	×	Membership Organization Trade Association In addition, this committee is a Lobbyist/Registrant PAC. This committee supports/opposes more than one Federal candidate, and is NOT a separate segric committee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC.	Cooperative			
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Joint F	Fund	In addition, this committee is a Lobbyist/Registrant PAC. This committee supports/opposes more than one Federal candidate, and is NOT a separate segmentative. In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) Iraising Representative: This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	Cooperative egated fund or pa			
Joint F		Membership Organization Trade Association In addition, this committee is a Lobbyist/Registrant PAC. This committee supports/opposes more than one Federal candidate, and is NOT a separate segmentative. In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) Iraising Representative:	Cooperative egated fund or pa			
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FEC Form 1 (Revised (Page 3
Write or Type Committee Name		
Ann Marie PAC		
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative,	, or Leadership PAC Sponsor
ANN MARIE BUERKL	E 	
Mailing Address	3779 UNDERWOOD WAY	
	SYRACUSE	13215
	CITY STATE	ZIP CODE
Relationship: Connected	l Organization இதிரிilated Committee இதி Joint Fundraising Representa	ative Leadership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the p	erson in possession of committee
Theodore	V Koch	
Full Name	901 N Washington Street	<u> </u>
Mailing Address	Suite 700	
	Alexandria	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	703 - 299 - 8570
Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; assistant treasurer).	; and the name and address of
Full Name Theodore of Treasurer	√ Koch	
Mailing Address	901 N Washington Street	<u></u>
	Suite 700	
	Alexandria	22314
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	703 - 299 - 8570

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Full Name of Designated	Timothy A Koch		1
Agent			
Mailing Address	901 N Washington Street		
	Suite 700	<u> </u>	1 1 1 1 1 1 1 1
	Alexandria	VA 22	2314
	CITY	STATE	ZIP CODE
Title or Position Assistant Treas	irer 	ephone number 703	- 299 - 8571
Banks or Other safety deposit be Name of Bank,	Depositories : List all banks or other depositories in which xes or maintains funds. Depository, etc.	the committee deposits funds	s, holds accounts, rents
	PNC Bank		
Mailing Address	825 N Washington Street		
	Alexandria	VA	2314
	CITY	STATE	ZIP CODE
Name of Bank,	Depository, etc.		
	1		
Mailing Address			1111111
	CITY	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): FEel EXP **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):